

## Fill in this information to identify your case:

Debtor 1 Joseph E Snodgrass  
First Name Middle Name Last Name

Debtor 2 Debra L Snodgrass  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey

Case number 17-28880 CMG  
(If known)

☒ Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.  
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

|  | Total claim   | Priority amount | Nonpriority amount |
|--|---|-----------------|--------------------|
| 2.1  |   |                 |                    |
| Priority Creditor's Name _____<br>Number _____ Street _____<br>City _____ State _____ ZIP Code _____<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____<br>When was the debt incurred? _____<br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of PRIORITY unsecured claim:</b><br><input type="checkbox"/> Domestic support obligations<br><input type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____ |                 |                    |

|     |  |   |  |  |
|-----|--|---|--|--|
| 2.2 | Priority Creditor's Name _____<br>Number _____ Street _____<br>City _____ State _____ ZIP Code _____<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____<br>When was the debt incurred? _____<br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of PRIORITY unsecured claim:</b><br><input type="checkbox"/> Domestic support obligations<br><input type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____ |  |  |
|-----|--|---|--|--|

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

|     |   | Total claim |
|-----|---|-------------|
| 4.1 | <p>Childrens Hospital of Philadelphia</p> <p>Nonpriority Creditor's Name</p> <p>Attn Harris and Harris LTD 111 W Jackson Blvd Ste 400</p> <p>Number Street</p> <p>Chicago IL 60604-4135</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only<br/><input checked="" type="checkbox"/> Debtor 2 only<br/><input type="checkbox"/> Debtor 1 and Debtor 2 only<br/><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No<br/><input type="checkbox"/> Yes</p> <p>Last 4 digits of account number 4 2 0 6</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent<br/><input type="checkbox"/> Unliquidated<br/><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans<br/><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br/><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br/><input checked="" type="checkbox"/> Other. Specify Medical Services</p> | \$500.00    |
| 4.2 | <p>Nonpriority Creditor's Name</p> <p>Number Street</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only<br/><input type="checkbox"/> Debtor 2 only<br/><input type="checkbox"/> Debtor 1 and Debtor 2 only<br/><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No<br/><input type="checkbox"/> Yes</p> <p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent<br/><input type="checkbox"/> Unliquidated<br/><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans<br/><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br/><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br/><input type="checkbox"/> Other. Specify</p>   | \$          |
| 4.3 | <p>Nonpriority Creditor's Name</p> <p>Number Street</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only<br/><input type="checkbox"/> Debtor 2 only<br/><input type="checkbox"/> Debtor 1 and Debtor 2 only<br/><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No<br/><input type="checkbox"/> Yes</p> <p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent<br/><input type="checkbox"/> Unliquidated<br/><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans<br/><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br/><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br/><input type="checkbox"/> Other. Specify</p>   | \$          |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                          | Total claim  |
|--------------------------|--|
| Total claims from Part 1 | 6a. Domestic support obligations 6a. \$  |
|                          | 6b. Taxes and certain other debts you owe the government 6b. \$                      |
|                          | 6c. Claims for death or personal injury while you were intoxicated 6c. \$            |
|                          | 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. + \$ |
|                          | 6e. Total. Add lines 6a through 6d. 6e. \$   |

|                          | Total claim  |
|--------------------------|--|
| Total claims from Part 2 | 6f. Student loans 6f. \$0.00   |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6g. \$0.00 |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts 6h. \$0.00                                       |
|                          | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6i. + \$500.00                          |
|                          | 6j. Total. Add lines 6f through 6i. 6j. \$500.00   |

**Fill in this information to identify your case:**

|   |                           |                            |                          |
|---|---------------------------|----------------------------|--------------------------|
| Debtor 1  | <u>Joseph</u>             | <u>E</u>                   | <u>Snodgrass</u>         |
|   | <small>First Name</small> | <small>Middle Name</small> | <small>Last Name</small> |
| Debtor 2  | <u>Debra</u>              | <u>L</u>                   | <u>Snodgrass</u>         |
| (Spouse, if filing)   | <small>First Name</small> | <small>Middle Name</small> | <small>Last Name</small> |
| United States Bankruptcy Court for the: <u>District of New Jersey</u> |                           |                            |                          |
| Case number   | <u>17-28880 CMG</u>       |                            |                          |
|   | <small>(If known)</small> |                            |                          |

☒ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

##### Your assets

Value of what you own

1. **Schedule A/B: Property** (Official Form 106A/B)

|   |                      |
|---|----------------------|
| 1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....       | \$ <u>110,000.00</u> |
| 1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> ..... | \$ <u>11,650.00</u>  |
| 1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....      | \$ <u>121,650.00</u> |

#### Part 2: Summarize Your Liabilities

##### Your liabilities

Amount you owe

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

|   |                     |
|---|---------------------|
| 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ..... | \$ <u>97,727.11</u> |
|---|---------------------|

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

|  |                              |
|--|------------------------------|
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....    | \$ <u>0.00</u>               |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> ..... | <b>+</b> \$ <u>38,795.35</u> |

**Your total liabilities**

\$ 136,522.46

#### Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)

|   |                    |
|---|--------------------|
| Copy your combined monthly income from line 12 of <i>Schedule I</i> ..... | \$ <u>4,392.00</u> |
|---|--------------------|

5. **Schedule J: Your Expenses** (Official Form 106J)

|   |                    |
|---|--------------------|
| Copy your monthly expenses from line 22, Column A, of <i>Schedule J</i> ..... | \$ <u>4,080.00</u> |
|---|--------------------|

Debtor 1 Joseph

First Name

E

Middle Name

Snodgrass

Last Name

Case number (if known) 17-28880 CMG

**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 5,004.87

**9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*.****Total claim****From Part 4 on *Schedule E/F*, copy the following:**

9a. Domestic support obligations (Copy line 6a.)

\$ 0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

\$ 0.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$ 0.00

9d. Student loans. (Copy line 6f.)

\$ 0.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

\$ 0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

+ \$ 0.00

9g. **Total.** Add lines 9a through 9f.

\$ 0.00

**Fill in this information to identify your case:**

Debtor 1 Joseph E Snodgrass  
First Name Middle Name Last Name

Debtor 2 Debra L Snodgrass  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District Of New Jersey

Case number 17-28880 CMG  
(If known)

☒ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /s/Joseph E Snodgrass  
Signature of Debtor 1

**X** /s/Debra L Snodgrass  
Signature of Debtor 2

Date 01/15/2019  
MM / DD / YYYY

Date 01/15/2019  
MM / DD / YYYY

Childrens Hospital of Philadelphia  
Attn Harris and Harris LTD  
111 W Jackson Blvd Ste 400  
Chicago, IL 60604-4135